



**HAWAII STATE
PRACTICE
RECOMMENDATIONS
FOR
DIABETES MELLITUS**

HAWAII STATE DIABETES TASK FORCE

Members

Nina L. Agbayani, RN
Program Nurse
Hawaii State Diabetes Control
Program

Debby Andrade, MPH
Project Manager
Hawaii Medical Services Association

Paul Bogdon, MD
Associate Professor
John A. Burns School of Medicine
University of Hawaii

David Curb, MD
Medical Director
Pacific Health Research Institute

Laura DeVilbiss, MD, MPH
Family Physician
Kokua Kalihi Valley Health Center

John Ekstrand, MD
Internist
Tripler Army Medical Center

Rachel Heckler, RD
Public Health Nutritionist
Hawaii State Diabetes Control
Program

Ruth K. Honda, RN, MS
Clinical Coordinator
The Queen's Medical Center
The Center for Best Health Care
Practices at Queen's

Edward Hoover, MA
Director of Health Promotion
Castle Medical Center

Victoria Jenkins, RN, CS
Coordinator, Joslin Center for
Diabetes at Straub Clinic and Hospital

Kevin Kam, RPh, CDE
Pharmacist
Hawaii Pharmacy Association

Les Krenk, RPh, CDE
Executive Director
Hawaii Disease Management
Pharmacy Network

Lenelle Kwong, MD
Medical Director
Hawaii Health Information
Corporation

John Melish, MD
Professor of Medicine
John A. Burns School of Medicine
University of Hawaii

Bunnye Miller, RN
Quality Improvement Manager
Hawaii Medical Services Association

Michael Nagoshi, MD, FACP
President
Kuakini PHO

Deanna Nakamura, RD
Chief Medical Dietitian
Castle Medical Center

Brian O'Conner, MD
Internist
Kaiser Permanente

America Planas, RN, CCRN
Clinical Head Nurse
Tripler Army Medical Center

Rose Marie Pritts, MD
Internal Medicine
Straub Clinic and Hospital

James R. Rarick
Program Coordinator
Hawaii State Diabetes Control Program

Karen Ratliff, MD
Family Physician, Kauai Medical Clinic
Medical Director, Ho'ola Lahui Hawaii

Tyrone Reinhardt
Chronic Disease Officer
Papa Ola Lokahi

Se Mo Suh, MD, PhD
Pediatric Endocrinologist

Rae Teramoto, MD
Endocrinologist
Central Medical Clinic

Beth E. Waitzfelder, MA
Project Director
Hawaii Diabetes Data Network
Pacific Health Research Institute

WRITING SUB-COMMITTEE

Michael Bornemann, MD, FACP
Past-President
American Diabetes Association,
Hawaii Affiliate

David Fitz-Patrick, MD, FACP
Chairman
Hawaii State Diabetes Task Force

Roger Kimura, MD
Medical Director, Mountain-Pacific
Quality Health Foundation

CONTINUATION SUB-COMMITTEE

David Fitz-Patrick, MD, FACP
Chairman
Hawaii State Diabetes Task Force

Joseph Humphry, MD
Internist, Waianae Coast
Comprehensive Health Center

Jane Kadohiro, DrPH, RN, CDE
Asst. Professor, Univ. of Hawaii
School of Nursing
Hawaii Assn. of Diabetes Educators

INTRODUCTION

PURPOSE OF THE RECOMMENDATIONS

These recommendations have been developed to assist health care providers in delivering quality medical care to people with diabetes. They do not address all the care a patient with diabetes may need, nor are they intended to override good clinical judgement in the care of any individual patient. Rather, these recommendations focus on procedures which form the basis of providing good medical care to people with diabetes.

An estimated 80,000 people suffer from diabetes in Hawaii, of which 40,000 are undiagnosed. They are at risk of suffering from the complications of diabetes including blindness, end-stage renal disease, heart disease, stroke and lower extremity amputations. The U.S. Centers for Disease Control & Prevention estimates that the direct and indirect costs of diabetes in Hawaii were \$613 million in 1993. Many of the adverse outcomes associated with diabetes are preventable, or at least can be delayed. Good diabetes medical care is an essential component of a strategy to reduce the onset and severity of complications, improve the quality of life for people with diabetes, and decrease the economic burden of this disease.

HOW THE RECOMMENDATIONS WERE DEVELOPED

The recommendations were developed through a collaborative effort of primary care physicians, endocrinologists, certified diabetes educators, dietitians, pharmacists, and other health care professionals. They are largely based on the results of clinical trials, which have demonstrated an effect on the development or progression of specific diabetes complications.

THE PRACTICE RECOMMENDATIONS FORMAT

The recommendations are presented in tabular format in order to make them as clear and easy to refer to as possible. However, where it is not possible to include all the information necessary in the tables, reference is made to appendices, which are considered part of the recommendations. While the recommendations for type 1 and type 2 diabetes are similar, differences exist in the timing of the initiation of screening measures to detect the chronic complications of diabetes. This reflects the fact that chronic complications rarely occur within the first five years of the disease. While the onset and hence the duration of type 1 diabetes is usually clear, this is not the case with most people with type 2 diabetes. Differences may occur in the educational requirements and frequency of blood glucose testing.

HOW TO USE THE RECOMMENDATIONS

It is anticipated that these recommendations will find many uses. Individual practitioners may use them to develop systems to make these procedures routine in their care of patients with diabetes. By combining recommended procedures with population-based measures of success in delivering these procedures, health plans, managed care organizations, and quality management committees will be able to continuously monitor and plan for improvement of specific processes of diabetes care.

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The Health State

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